DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM INITIAL APPLICATION

			— FOR STATE USE ONLY
Employer Name:	Test Score: Pass/Fai		
Address:	Fee Processed:		
City, State, Zip:			Certificate No.: DS
Telephone Number:	phone Number: Fax Number:		
Email Address:			
[] Please do not put my employer	name on the certifi	cate and card.	
HEALTH AND SAFETY T	RAINING		
Please document the requirements an attachment.	specified in R311-	-500-5(a)(1) an	d include the certification as
TRAINING	FROM DAT	TES TO	HOURS OF INSTRUCTION
Initial OSHA Certification			40 Hours
OSHA Renewal (most recent)			8 Hours
	d in R311-500-5(a)	• 1	examination administered by
EXAMINATION To become certified, an applicant the Executive Secretary as specifie	d in R311-500-5(a)	• 1	examination administered by
EXAMINATION To become certified, an applicant the Executive Secretary as specifie [] I have scheduled an exam date	d in R311-500-5(a) with the DEQ.	(2). The passing	examination administered by ang score is 80% or greater.
EXAMINATION To become certified, an applicant the Executive Secretary as specifie [] I have scheduled an exam date (For DEQ use only)	d in R311-500-5(a) with the DEQ.	(2). The passing	examination administered by ang score is 80% or greater.
EXAMINATION To become certified, an applicant the Executive Secretary as specifie [] I have scheduled an exam date (For DEQ use only) Exam Date: APPLICATION FEE A \$150 dollar fee must be included	d in R311-500-5(a) with the DEQ. Exam	m Location:	examination administered by ang score is 80% or greater.
EXAMINATION To become certified, an applicant the Executive Secretary as specifie [] I have scheduled an exam date (For DEQ use only) Exam Date: APPLICATION FEE	d in R311-500-5(a) with the DEQ. Example Exam	m Location:	examination administered by ang score is 80% or greater.
EXAMINATION To become certified, an applicant the Executive Secretary as specifie [] I have scheduled an exam date (For DEQ use only) Exam Date: APPLICATION FEE A \$150 dollar fee must be included refundable.	d in R311-500-5(a) with the DEQ. Example Exam	m Location:	examination administered by ang score is 80% or greater.

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Please return the completed application and fee to:

Department of Environmental Quality
Division of Environmental Response and Remediation
168 North 1950 West, 1st Floor
Salt Lake City, Utah 84116

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I have read the Decontamination Specialist Certification Program rules and understand that compliance with the Performance Standards outlined in Section R311-500-8 is a condition of certification. I will not perform any activities that may be cause for revocation of the certificate under Section R311-500-9. I understand that submission of false or misleading information in this application or failure to comply with the applicable eligibility requirements and Performance Standards may result in denial of the application or revocation of the certificate under R311-500 and R311-501.

Signature	Date	
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